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ABSTRACT

The purpose of this study was to assess the rehabilitation counselor issues regarding the integration of spirituality into rehabilitation counseling. Rehabilitation counseling, from its inception, has espoused the concept of holism. The holistic approach to rehabilitation counseling recognizes the importance of working with the whole person, to include body, mind, and spirit. However, it is evident that the spiritual dimension of the client is totally excluded, rendering rehabilitation counseling comprehensive, but not holistic. Focus groups were conducted among public sector rehabilitation counselors to determine the issues related to the integration of spirituality. The sessions were audio recorded and later transcribed and analyzed. The data were arranged into dominant themes. The emerging themes included: the need for relevant training; the complexity of the barriers to integration; the need to refer clients; the importance of maintaining neutrality; the importance of tailoring service delivery; the concern for legal issues; the importance of the counselors' own spiritual awareness; and the need for parameters and agency protocol. The consensus of the focus groups was that there was a definite need for the spiritual dimension to be integrated into the rehabilitation counseling process. The majority of the groups also indicated that integration was feasible, with the provision of academic or in-service training. Three appendixes provide a list of the questions used to guide the focus groups; a description of research procedures; statement of consent, agreement, and attestation; and a form used to gather demographic information gathered from participants. (Contains 42 references.) (Author/MKA)

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Spirituality and Rehabilitation: A Focus Group Approach

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Abstract

The purpose of the study was to assess the rehabilitation counselor issues regarding the integration of spirituality into rehabilitation counseling. Rehabilitation counseling, from its' inception, has espoused the concept of holism. The holistic approach to rehabilitation counseling recognizes the importance of working with the whole person, to include body, mind, and spirit. However, it is evident that the spiritual dimension of the client is totally excluded, rendering rehabilitation counseling comprehensive, but not holistic. Focus groups were conducted among public sector rehabilitation counselors to determine the issues related to the integration of spirituality. The sessions were audio recorded and later transcribed and analyzed. The data were arranged into dominant themes. The emerging themes included: (1) the need for relevant training, (2) the complexity of the barriers to integration, (3) the need to refer clients, (4) the importance of maintaining neutrality, (5) the importance of tailoring service delivery, (6) the concern for legal issues, (7) the importance of the counselors' own spiritual awareness, and (8) the need for parameters and agency protocol. The consensus of the focus groups was that there was a definite need for the spiritual dimension to be integrated into the rehabilitation counseling process. The majority of the groups also indicated that integration was feasible, with the provision of academic or inservice.

A basic tenet of rehabilitation counseling is to treat clients in a holistic manner in order to maximize functioning in all areas of life (Goodwin, 1986; McCarthy, 1985; Trieschmann, 1995). However, the reality is that rehabilitation counseling, although it attempts to be holistic, excludes the spiritual dimension (McCarthy, 1995). Goodwin (1986) indicated that knowledge of the rehabilitation process along with a vast array of skills and techniques are required in order for the rehabilitation counselor to be effective. Exclusion of spirituality in rehabilitation counseling has rendered the roles and functions to be comprehensive, but not holistic (Goodwin, 1986).

The need to integrate spirituality into rehabilitation counseling is greater now more than ever because of evidence in an increasing interest in spirituality in American society (McCarthy, 1995). The official journal of the National Rehabilitation Education devoted a special double issue of the Rehabilitation Education journal to the consideration of issues relevant to spirituality, disability and rehabilitation (McCarthy & Vash, 1995). The journal articles in this special issue address the various ways of integrating and understanding spirituality as it relates to disability and rehabilitation.

In reveiwing several studies related to spirituality and disability, Wallis (1996) cites several studies conducted in the area of prayer and its' effect on the recovery of persons with severe illness. The results revealed benefits such as lowered blood pressure, reduced risks of dying from coronary-artery disease, and less depression and anxiety-related

Another issue that provides an impetus for integrating spirituality into rehabilitation counseling is Section 21 of the Rehabilitation Act Amendments of 1992 (P.L. 102-569). The act delineated patterns of inequitable treatment at all of the major junctures of the rehabilitation process. It also indicated that certain populations have been unserved or underserved. These populations include American Indians and African Americans, among whom spirituality is very important (Billingsly & Caldwell, 1991; Locust, 1995). The Act mandates certain outreach activities in order to effectively serve these populations (P.L. 102-569). If the mandated outreach efforts are effective in gaining a more proportionate representation of minorities in public sector rehabilitation, it then becomes imperative that spirituality be integrated because of the important role that it assumes in their lives (Billingsly & Caldwell, 1991; Locust, 1995; Rogers-Dulan & Blacher, 1995).

In recent years, the holistic approach to treatment has been primarily associated with the areas of health and healing. The health care arena has recognized the importance of treating the whole person within his or her environment while incorporating traditional and non-traditional healing practices (Goodwin,1986). Although, rehabilitation counseling has long embraced the concept of holism, in practice this has not taken place. The literature on spirituality and rehabilitation documents the important role it can play in the rehabilitation of the person. Nosek (1995) indicated that rehabilitation has ignored the spiritual aspect of life which is integral to health and well being. Further, Post (1998) views spirituality and religion as a fundamental component of the personal resources of individuals coping with illness and disability. In his view, any neglect of the spiritual dimension must be considered poor medical practice, and can be tantamount to malpractice. Thus, the rehabilitation needs of a person with a disability are comprehensive. Different professions focus on various aspects of an individuals rehabilitation needs. Physicians and nurses generally focus on the physical aspect while psychiatrists/psychologists focus on the mental and emotional aspects. The social worker is usually a coordinator of services (Goodwin, 1986).

People with disabilities usually require much more than just treatment for

the physical and mental aspects of their lives. In addition to the medical and psychological care, many will require the services of ophthalmologists, audiologists, prosthetists, and rehabilitation engineers. In addition, some will require vocational/college training, vocational guidance and career counseling, and job placement assistance. The rehabilitation counselor is the professional person who coordinates the service needs of a person with a disability (Goodwin, 1986). The rehabilitation counselor assists the client through the rehabilitation process which might include intake; eligibility determination; vocational assessment; counseling; rehabilitation plan development; provision of services; job development and placement; services to family members; and follow-up (Goodwin, 1986).

In order to be holistic, McCarthy (1995) indicated that the whole individual in all areas of his or her life, is addressed in the counseling process. Wright (1980) also attached great importance to working with the *whole*, *entire*, or *complete* person in the rehabilitation process. Wright (1980) indicated that only providing services to one aspect or area of a persons life while neglecting other areas is a formula for failure. Gestalt theory holds that the organism functions as a whole, to include body, mind, and soul. These cannot be separated, but are interdependent and work together in order to achieve wellness and balance in the

body (Byrd & Byrd, 1993; Patterson, 1973). Therefore, the holistic concept of rehabilitation counseling must not only address the physical and the mental, but also the spiritual.

Goodwin (1986) provided a definition of holistic rehabilitation counseling that merits quoting. "Holistic rehabilitation counseling can be described as working with the whole person, body, mind, and spirit in the context of his or her total environment toward the goal of overcoming or adjusting to his or her disability and reaching the highest level of self-sufficiency and independence he or she is capable of achieving" (Goodwin, 1986, p.30). This definition places the emphasis on the whole person to include the physical, mental, and spiritual aspects. Nosek (1995) indicated that the unity between spirituality and rehabilitation cannot be denied. Addressing the spiritual well being of the client could further the benefits gained from medical and /or psychological interventions (Byrd & Byrd, 1993). Byrd & Byrd (1993) also indicated that there is room for the spiritual dimension, and argues that it must be included if holism is to be given its best chance. The point to be made is that thoughts, feelings, and actions can influence health and well being. In light of this, the spiritual dimension must be integrated into rehabilitation counseling if services are to be holistic rather than comprehensive (Goodwin, 1986).

Gregory (1995) indicated that public sector rehabilitation counselors focus only on employment. Because of this limited focus, the issues that give meaning to life are ignored. Process is at the forefront, with few counselors being concerned with the quality of life. Perhaps Vash (1995) stated the dilemma best in relating the story of a Maori, an indigenous person of New Zealand, who was blinded in later life. The Maori stated that in order for human services to be effective in Maori culture, a four-fold concept of human nature must be at the foundation: the spiritual, mental, family, and physical. The American model of rehabilitation starts with the physical, and adds social workers and psychologists to address the family and the mental dimensions respectively. The only ingredient that is excluded is the spiritual dimension (Vash, 1995).

The purpose of this study is to examine counselor issues germane to integrating spirituality into rehabilitation counseling. The questions that will be used to guide the focus group will include:

A. Is there a need for spirituality to be integrated into rehabilitation counseling?

B. Do counselors feel comfortable discussing spiritual issues?

C. Do counselors have an adequate knowledge base?

D. At what juncture in the process should spirituality be considered?

E. Is integration of spirituality feasible?

F. What might be some barriers to integration?

G. What, if any, training would be needed in order for counselors to feel comfortable discussing spiritual issues?

Methodology

The use of focus groups as a research method was employed in this study. The focus group provides qualitative instead of quantitative research. Qualitative research is particularly valuable in investigating the thoughts, feelings, and experiences of individuals which cannot be effectively explored through quantitative measures. Furthermore, qualitative research gives greater insight into an individual's attitudes and beliefs. This is possible because of the group interaction that occurs. Participants are encouraged to talk to one another, and ask questions to each other in hopes of gaining group consensus. However, it should be noted that though group consensus is desired, it is not necessary (Shattner, Shmerling, & Murphy, 1993; Tang, Davis, Sullivan, & Fisher, 1995).

Subjects

To ensure effective communication among group members, the focus group was composed of participants with at least one homogenous characteristic. The common factor that rendered the group homogenous was that all were rehabilitation counselors. The age range for the group was 27-51 years. The counselors were employed in Region I of the Louisiana Rehabilitation Services

agency.

Procedure

Sample Selection

One regional office from Louisiana Rehabilitation Services was selected to participate in this study. This was a convenience sample. The agency has nine regions located throughout the state. The selected region was Baton Rouge. It is located in Southeast Louisiana and was selected because of its convenience and availability of participants. The Baton Rouge regional office houses 24 counselors. Four groups were included in the study. All of the counselors in the Baton Rouge region were solicited for participation via e-mail. They were informed of the purpose and procedure of the study. Of the 24 counselors in the region, 17 volunteered. The lottery system was used to determine group assignments. The counselors were randomly assigned to one of four groups. Three groups had four participants while one group had five.

Demographics

Each participant provided the following demographic information prior to starting the session: age, gender, race/ethnicity, length of counseling experience,

type of caseload, and religious affiliation. Furthermore, the participants answered a yes/no question regarding whether they had ever had a client who they believe would have benefited from a spiritual intervention.

Focus Groups

A discussion group was used to explore issues related to spirituality and the rehabilitation process. Prior to the start of each session, the participants received a written description of the research procedures along with a Statement of Consent and Agreement, which was signed by each. Four focus group sessions were held at the Louisiana Rehabilitation Services state office building on consecutive work days. The focus groups convened during the counselors' lunch periods. The focus groups were facilitated by the investigator. This role consisted of explaining the aim of the group, encouraging the participants to talk to each other, and acting as a guide. The facilitator asked questions and then allowed adequate time for group discussion. The duration of the focus group was one and one half hours.

Data Analysis

The recorded tapes were transcribed. Data were analyzed by arranging ideas and phrases into categories and themes. Similar themes were brought

together and compared. Once the themes were identified, the data were again analyzed to give weight to each theme. For each comment that related to a particular theme, one point was assigned to the theme. The theme with the highest total of points was ranked number one. The theme with the next highest total was ranked number two, and so on. An attempt was also made to distinguish between *individual opinions* and *group consensus*.

Results

The focus groups consisted of twelve White females, three White males, and one Black female (N=16). It should be noted that there was one Black male scheduled to participate, but was unable to attend. The subjects ranged in age from 27 to 51 years (mean=39). Demographic information that was collected revealed counseling experience that ranged from 6 months to 16 years (mean=7). The subjects indicated having worked in the following types of caseloads: general, transition, mental health, mental retardation, blind/visual impairment, and substance abuse. The religious affiliations indicated by participants included Catholic, Baptist, and Methodist. All of the subjects indicated having had a client who they believed would have benefited from spiritual intervention.

The themes that emerged from the focus group discussions are shown in

Figure 1. along with the total number of assigned points.

Figure 1. Emerging Themes Regarding Integration of Spirituality Into Rehabilitation Counseling

1. The need for relevant training. (24)
2. The complexity of the barriers to integration. (18)
3. The need to refer clients. (15)
4. The importance of maintaining neutrality. (14)
5. The importance of tailoring service delivery to client needs. (11)
6. The concern for legal issues and liability. (8)
7. The importance of the counselors' spiritual awareness. (7)
8. The need for parameters and agency protocol. (3)

The need for relevant training. This was a dominant recurring theme that emerged from three of the four focus groups. The subjects recommended training that ranged from inservice to graduate level college courses. It was suggested that initial training should focus on spiritual awareness as an element of diversity. It was indicated that the goal of training should focus on how to develop spiritual awareness in the client and how it could be used to their benefit. It was stated that training should also include information regarding the dominant religions within the state and the differences between religion and spirituality. It was indicated that the holistic approach to rehabilitation counseling should be emphasized in graduate training programs.

The consensus among three of the four focus groups was that training should be mandatory, just as it is required for any other policy or procedural change. However, the fourth focus group expressed a differing opinion. This group, which consisted of three subjects, also gained consensus on this issue. All of the subjects felt that training would be costly and even doubted whether such training existed. The following comments were expressed:

"I don't see why you couldn't have clergy from different faiths come in and explain.....each of these religions could give you so much."

"I think inservice from our own training staff would be necessary, because they would understand the population we are dealing with and the mechanics as a state agency."

"I think you would have to have some training, you know, from the standpoint of graduate work. You would have to know how to deal with the issues, where you, just like in counseling and therapy, don't cross that line and where it maintains a therapeutic element."

"I think the training would be so extensive, that it would not be economically feasible to train an individual in spirituality. It is not what we are here for. We are to provide vocational guidance and career counseling and have a broad based knowledge of the ability to refer individuals for specialized services, to include psychotherapy and physical therapy, in terms of our end goal to vocationally rehabilitate the individual. I have to say that it is not a feasible option for any type of short term training which would accomplish that at all."

"I can't even imagine where you would go to get spirituality counseling and training. It does not exist. To me, I don't even see where that would be available because the only thing close to that I could think of would be somebody just in an almost unitarian religion, people that just love the world and the trees and that kind of stuff, and that is what God is."

"In anything, you need training. I mean, if you are going to incorporate any other thing into the rehabilitation process, you need training."

The complexity of the barriers to integration. The majority of the subjects expressed great concern about what they felt would be barriers to integrating the spiritual dimension into the rehabilitation counseling process. It should be noted that because of the extent of discussion given to some of the barriers, they emerged as separate themes. Most of the subjects indicated that the rehabilitation counselors' lack of knowledge about spirituality would be a barrier. However, it was felt that appropriate training could remedy this situation. All of the subjects felt that the counselors' personal beliefs could also be a barrier. It was stated that many counselors could feel this to be outside the realm of their job and therefore refuse to do it. Comments revealed that these same counselors were

likely to perceive inadequacies in terms of their own spirituality.

Several subjects felt that resistance from regional managers could arise. Several comments indicated that legal aspects, and especially the issue of separation of Church and State, might keep integration of spirituality from becoming a reality. Also, subjects expressed concerns about offending clients. It was stated that many of the clients might not be able to discern between religion and spirituality. Also, some of the participants stated that the counselors' strong belief system might become a barrier in that the counselor might try to impose beliefs onto the client, believing that this is the right thing. One of the participants expressed concern about the availability of resources in the rural areas, especially as it relates to referring clients to trained clergy persons. Another subject felt that a barrier to integration would arise out of the lack of quantifiable measures for spirituality. The following comments were expressed:

"Starting with the counselors. Well people don't want to look at themselves. I mean I've been in counseling for years, so I've had to look at myself. It's not easy. I mean seriously, looking at yourself is not, I mean, I've got a whole family full of people who don't want to look at themselves. So, getting the counselors to accept this to begin with, and how do you know if they have

accepted it? It's something you can't measure."

"Oh, I think there are counselors who will say 'that is not my job' and will just refuse to do it."

"Oh, you would have major resistance from management."

"No, I think attitudes, staff, I think it would be interesting to see how it would be accepted or received by the staff. I think you would have a lot of resistance from certain segments of the state. I think it's just like anything else. I think some people would take to it, try to use it. And I think some people would say, 'this is not my job and I am not going to do it, and you are not going to make me'."

"The other barrier is lawsuits and separation of church and state."

"To go an additional step towards something I said earlier too, would be, me personally, again, to separate spirituality and religion, for the counselor who feels strong in their convictions to their particular religion, it would be hard to be

noncommittal towards your own beliefs."

"Any barrier we have for any service now could be a same barrier."

"Bias and prejudice could be a barrier."

"It could also be tunnel vision on our part, perhaps when the client comes in with an off-record... or let's say, I'm going to mention Jehovah Witnesses because that came to mind. Let's say I don't believe that Jehovah Witness is a true religion, and I'm not going to discuss it with this person, no matter what. I've got a blockage or a blinder there on that particular religion. That could be a barrier."

"Counselors personal beliefs. As well as counselors' knowledge in all religions and differences in spirituality in all individuals. The fact that you really are bordering on the liability in the division of church and state."

"I think one of the bigger things is just how easy it is to offend someone."

The need to refer clients. This was a major concern expressed by the participants. Three of the focus groups came to the consensus that the state agency could and should refer clients requiring significant spiritual intervention. Some of the participants indicated having referred clients to churches in order to seek out support groups. The participants gave several reasons to support referral, which include, an abundance of resources, fear of being the responsible party, feelings of inadequacies in terms of their own spirituality, and lack of resources on the part of the counselor. There was consensus among participants in the fourth group that counselors should listen and be receptive to clients' spiritual concerns. However, no feedback or guidance pertaining to such issues should be given by the counselor. This group also believed that counselors could not legally refer a client to someone in order to address spiritual issues. The following comments were expressed:

"Do rehabilitation counselors do it, or do you refer them to a minister for this, because I'm not capable at all of doing any spirituality counseling, you know."

"I think that a counselor should not do it. I don't disagree that there should be spirituality. I think the holistic approach, having everything to get this person

rehabilitated is a great way. But I think they should be referred on to somebody that is highly specialized in the field, if in fact they request it."

"And the reason I think that (client should be referred) is because I am looking at myself. That I could never, ever do something like that."

"No, I don't have any problem talking to them about it, but I think if they really, really need some spiritual guidance, that we refer them to social workers, we refer them to mental health counselors. I think you need, in fact, to be referred."

"Well we can do that now. There is nothing right now that says we can't purchase spiritual counseling for somebody, if they needed it as a part of their rehabilitation plan."

"I think we could just refer them on to whoever they feel like they need to connect with. I think we could do it."

"I think the only thing you could accomplish right now would be making counselors aware that this is a service, it is a need for some clients, and if there is

a trained person out there willing to provide it, the counselor can purchase it for the client."

"I wonder if it might be possible for the counselor who can not address it, in some way to refer them to someone spiritual who could? They could do a report for us."

"I can see where sometimes, with a psychological assessment when you send them to someone else to get that information and it is done and interpreted. You come back and discuss it with the client and since it wasn't done by me, we can move on and I'm not the heavy."

"A lot of times, we will actually require our clients to do certain things, to participate in rehab, for example to follow up on AA(Alcoholics Anonymous), things like that....and if we know the position of the agency was a positive one, we could suggest for those people that seem to lack that inward strength, security, that they might want to search out a support group within a church."

"I don't feel that we would be necessarily comfortable with providing any

type of spiritual guidance or feedback. However, we would be responsive to listening to their beliefs and expressions and concerns, and if need be, referring them to someone that would be appropriate."

"I don't think that we can refer them to someone and then they come back and say, 'you told me to go to this person.' This would go back to the liability. You just don't have that right."

"It gets to be a matter of semantics here. You are using the term 'referral', instead of maybe that 'I provided guidance to the client to continue or seek help that would benefit them'. I think 'referral' is what is hanging us up here. I don't think we would 'refer' anyone."

The importance of maintaining neutrality. The majority of the participants expressed concern about counselors imposing their own spiritual and religious beliefs onto the client. It was indicated that many clients view their counselors as authority figures and could be easily swayed by the counselors ideas and beliefs. This them gained consensus among all focus groups. One subject stated that this issue could be the deciding factor whether or not spirituality could

be integrated. Several participants indicated that the ability of the counselor to remain neutral was paramount to the success of spiritual interventions. It was suggested that training should primarily focus on facilitating the development of appropriate skills to help the counselor maintain neutrality when discussing spiritual issues. The following comments were expressed:

"It would have to be done within the framework of a counseling relationship, and not within the framework of imparting your own beliefs to them."

"You see, I think you could do the counseling such that, you never really touch on one particular religion. And you are focusing it on the benefits to them from having just spirituality, which ever religion they may choose to enter into. You know, it's a counseling framework. You make them go through all the thought processes. You are leading them. You are not telling them or pointing out a religion. You are giving them the assignments. They are going to come to conclusions, acceptance, or denial. You are not going to focus in on any one religion with them. That is kind of hard to do."

"It would be hard not to impose your own beliefs on someone and feel like for yourself that you did the right thing."

"And you also have counselors who are too into their spirituality, and are convinced that theirs is the only way or whatever."

"That's where neutrality comes in, and I believe as long as it is part of the counseling, that you're not pushing one religion or one belief, and the client is comfortable, that there's not a problem."

"It is feasible, it can be beneficial, there is no doubt about it. This is something that people hesitate to talk about because they don't want to push it on anyone. You tend to get somewhat personal, but your personal beliefs are overbearing. I don't want to push my spiritual beliefs on you or any of my clients. It is hard to be generic about it."

"You don't want to influence a client with what your beliefs are."

"I feel I would impose my own religion, because my spirituality is my

religion. I would be bringing the Southern Baptist culture to Louisiana Rehabilitation Services, and I don't think they would appreciate that."

"I think that's why it should be vital to have training because it's just like any other counseling. If you've been in therapy, the therapist rarely interjects their personal beliefs in it. You know, they are leading you to come to your own conclusions."

"That's why I think we need some serious training. Because it would almost be more of a listening and a well, 'how did you feel when this happened', you know. I don't see the counselor as interjecting their personal beliefs into the situation at all."

"Yes---- training, but I don't see it like the training that we have had in the past. More in the psychological....more on how to be neutral, how to be direct without being biased or putting our own feelings into it."

The importance of tailoring service delivery to client needs. Three of

the focus groups came to the consensus that the need for a spiritual intervention must be assessed on a case-by-case basis. The majority of participants indicated that the need to address a clients' spirituality must be individualized. However, one focus group dissented and came to the conclusion that spirituality should at the least, be investigated with every client. The three groups that gained consensus agreed that there was no particular point in the rehabilitation process where spirituality should be addressed. It would be dependent upon whether or not the client initiates such issues. The dissenting group had definite opinions as to where spirituality should be discussed, which included the initial interview, and during the planning session for services. The following comments were expressed:

"It depends on the individual situation. When that client makes you aware that this is a need of theirs, and if you are ever discussing their goals or something...I think they have to be the one to initiate it."

"Just like anything else in rehabilitation, it is individualized and it may be for some clients and it may not be for some other clients."

"And whenever that is, whether it's at job placement or at the initial

interview...I think those things, the actual place you just don't know. It just depends on when it comes up."

"Probably spirituality can come up at any point if you think of the four or five steps in the process of accepting your disability. You grieve, you deny it, you accept it, anywhere along in there, some particular part of a spiritual encounter could be."

"I definitely think that would be an individual counselor judgement call."

"So it is totally then, dependent on the client when we really bring it up."

"This might be an issue to address in the basic interview. You need to know your client better and get a feel where they are. Get rapport established with them."

"I wouldn't wait until the end, and I wouldn't 'tip-toe' around it. I would make it a part of the interview, just as you are exploring the issues, the medical and family, social issues, your legal, and behavioral problems. There would just

be a section in the interview that I would say, 'now let's look at your spirituality, let's talk about that', and gather information just as I would with any other sub-section."

"I think I would deal with it like if the client brought out something or mentioned something, then I would follow their lead. I don't know that I would be able to bring it up if the client didn't bring it up."

"Anyway, it is a very individual thing. It depends on the person I'm dealing with."

"In doing the basic(initial interview)--- that is where the spirituality of the individual comes out between the counselor and the client. In the initial interview they are identifying who they are to you."

"Maybe during the initial interview when you are getting to know them....just so you would have a frame of reference as to whether they have that belief or not, or have any belief. So you will know later, if it comes up that there is a crisis or something, you will know whether or not they have that to fall back

on."

"Definitely in the planning for services, when you are talking about their talents, what they have to contribute, their feelings about themselves, whether they feel they can accomplish something or not."

"You need to establish the base in the beginning."

"The first step might be putting that on our application form. A lot of job applications ask that."

The concern for legal issues and liability. As indicated earlier, this was one of the major barriers as expressed by the majority of the participants. Several participants indicated concerns regarding lawsuits. One subject was concerned that it might be difficult to show the relevance of spirituality to vocational rehabilitation, if it was made an issue in a court of law. Another subject stated that a ruling from the Attorney General might be required before discussing spiritual issues. All groups achieved consensus regarding concern about the separation of

Church and State. The following comments were expressed:

"Because there are such diverse religious views or opinions out there, that even now, with some of the laws that are currently on the books, in keeping separation of church and state, that's where I feel inhibited in saying too much of anything. You can't initiate it because, even though you know the person sitting across the table from you may be of the same religious background, it just takes one thing missaid or misquoted or even that person going out and saying this counselor told me this, and somebody from the ACLU or something is reporting you to whoever."

"Even if the client requested spirituality counseling and you provided it and guided them in some way, they could come back four years from now and say, 'you were instilling your values on me'."

"If something went to court for any reason, would the judge or the legal authorities think it was pertinent to our case?"

"You are never going to eliminate liability, so this would be no different

than any other issue."

"When you are federally and state funded, you have to look at the legal of end of it. Is the ACLU going to come with the client and scream at me?"

"I'm not sure where or how far we can go in our job without getting into that separation of church and state issue."

"I think you should be cautious, without knowing what the 'powers to be feel' about the issue, or what the Attorney General's rulings are."

The importance of the counselors' spiritual awareness. All of the groups agreed that the counselors' level of spiritual awareness would contribute greatly to the effectiveness of a spiritual intervention. One subject indicated that the clients' perception of the counselors spirituality could positively impact the counselor-client relationship. Most of the participants expressed a sense of comfort with their own spirituality while at the same time acknowledging a need for greater awareness. However, one of the groups indicated that they were not

comfortable at all in terms of discussing spiritual issues with clients. The following comments were expressed:

"I think a counselor has to look at their own spirituality first before you could integrate it into any type of situation. You have to look at where you are. I don't know if there are different levels of spirituality."

"If they(clients) are perceiving you as a spiritual person, and if you've got a good frame of mind, they then might pick up on some of the things you are doing and want those same things."

"I think we have to include training to counselors to understand what spirituality is and what their own spirituality is. I mean, if you are not a spiritual person, you can train people all day, but if you don't believe....."

"You better be aware of your own spirituality. Cause I can tell you, I wouldn't be able to do it."

"If a counselor is uncomfortable looking at themselves, how are you going

to make this client feel when you are telling them they need to look at themselves and their spirituality."

"You can't make anybody a spiritual person. You can't take a counselor and make them a spiritual person."

"You have to be very comfortable, I think, in the position that you have as a counselor, before you can go on. I don't think I ever did talk religion or just spirituality with a client until I had been there a while. I can remember being concerned as to what I would say if they had asked."

"I feel that it is going to depend on the counselors' spirituality and at what level they practice."

"I think we have a reference point from which to begin that. Further training would always improve your ability to counsel clients regarding spirituality aspects. We all have that 'point of reference', so to speak. It is always there."

"And by the time you become an adult, you have experienced in your personal life, trials, tribulations, that you have learned to deal with at some point, and those questions come up. I mean it is more a process of evolving your spirituality. I think counselors are aware of the different experiences a person with a disability would have. It would be no different."

The need for parameters and agency protocol. This theme surfaced in three of the groups. The participants indicated that parameters would have to be established by the agency to give counselors appropriate guidance as to the questions of how, what, when, and where. The following comments were expressed:

"But, and then, how to incorporate it into a rehabilitation counseling relationship with a client, and how to know to do it, and when not to do it."

"I think we've all done it. I think the biggest thing is knowing what support we have from our employers, and how far we can get into it without being reprimanded."

"Getting a set of parameters to say what is acceptable; where you are going to get reprimanded; what point can you go to, and what is okay."

"I don't know what the administration's viewpoint on this is."

"I think you should be cautious, without knowing what the 'powers that be' feel about the issue."

The need for spirituality in rehabilitation counseling. The following is the consensus and differing opinions of each focus group:

Focus Group #1. The consensus was that there is a need for spirituality to be integrated, but on an individualized basis. The group also gained consensus that clients who would require extensive spiritual counseling should be referred.

Focus Group #2. This group gained consensus that there is a definite need. This is reflected in the following comments:

"I find that they are on a better road to healing and maintaining if there is a spiritual focus in their lives. I see a lot of clients that are floundering around trying to find their meaning of existence, and the lack of it is usually the source of a lot of their turmoil."

"They are weaker dealing with problems if they don't have spiritual substance, if they don't have some identity of what their spiritual existence is. It is really one of the things that will determine whether or not we are successful as counselors."

Focus Group #3. This group achieved consensus that there is a need. The following comments were expressed:

"I think that we as counselors call that problem many different things, motivation being one of them. When these people(clients) have tried many things that have failed and they are still shooting in the dark, not going in any direction....I think it would help them feel more comfortable with themselves, and you can achieve just what you are capable of achieving."

Focus Group #4. This group achieved consensus that the need is totally dependent upon the client. The following comment was agreed upon by all of the participants:

"There can be a need. I think we all can agree that there can be a need for spirituality in the rehabilitation process, based upon the individual."

The feasibility of integrating spirituality into rehabilitation counseling. The following is the consensus and differing opinions of each group:

Focus Group #1. The group gained consensus that integration would be possible with precise limitations. One subject felt that the issue would gain no more acceptance than those who practice it now. The group agreed with the following comment:

"I think the only thing you could accomplish right now would be making counselors aware that this is a service, it is a need for some clients, and if there is a trained person out there willing to provide it, the counselor can purchase it for the client. And I think counselors would accept that."

Focus Group #2. This group gained consensus that integration would be feasible with properly established parameters. The following comment was agreed upon by the group:

"Yes, integration is feasible, with guidelines, reference points, and lots of background and knowing that we have support from the 'powers that be' within the agency."

Focus Group #3. This group achieved consensus as reflected in the following comment:

"It is feasible, it can be beneficial, there is no doubt about it."

Focus Group #4. This group achieved consensus that integration is feasible, but with the stipulation that no guidance or feedback regarding spiritual issues would be given by the counselor. The group indicated that the counselor should only listen and be receptive to the client in this area. The following comment expresses their consensus:

"I will say that it is feasible to be receptive to the clients and sensitive to the client's spiritual concerns as they bring it up. I do not feel that it ought to be integrated into a system whereby we initiate or discuss spirituality with any clients."

Suggestions offered by participants. Some of the participants offered suggestions that deserve acknowledgment The following suggestions were expressed:

"It would be real interesting, I know you can't do this, but real interesting to have a focus group, like of counselors from New Mexico, who work with the Indian tribes and some of those cultures who really are spiritual."

"You could maybe start with awareness training."

"I think it might be good to start focus groups like this around the state, with all the counselors in the region."

Discussion

The theme that remained constant in all focus groups was the need for relevant training in the dissemination of spiritual information. This was not surprising in that all major changes within the rehabilitation agency relating to policy and/or procedure is usually introduced and reinforced with training. It is possible that the interest in spiritual training may be related to counselor awareness of current interest in spirituality and the potential demands for such services. Since the it is important to provide effective and efficient rehabilitation services, it is imperative that graduate programs and in-service training in rehabilitation integrate spirituality in the rehabilitation curriculum. This would expose practicing rehabilitation counselors to the importance of integrating the spiritual dimension into the rehabilitation process and also provide the tools for beginning counselors to immediately incorporate this dimension into the practice. This is not advocating the development of only one course, but rather that spirituality issues be infused throughout the curriculum. It is essential that students understand that spirituality and one's belief system can impact healing, causal attribution, adjustment to disability, client identification, planning and service delivery, and even job placement.

One of the surprising findings was the low ranking of the importance of the counselors' spiritual awareness. A careful study of the transcripts revealed that even though most of the participants acknowledged a certain level of comfort with their own spirituality, there was still a hint of doubt in regards to open discussion of spirituality with clients. This lack of certainty seems to account for the need to refer clients. This seemed to be the remedy for many of the counselors perceived deficiencies in their own spiritual lives. There could also be another explanation for the high ranking of the need to refer clients. The public rehabilitation agency has gained a reputation of being a broker of services, which implies that clients are referred to others who provide services to them in exchange for payment from the agency.

The theme of tailoring service delivery to client needs is one of the hallmarks of the public rehabilitation service delivery system. This is a direct result of the Rehabilitation Act of 1973 that mandated Individualized Written Rehabilitation Programs (IWRP's) for each client. The emphasis is on the uniqueness of each individual. Individuals possess unique skills, abilities, strengths, limitations, and needs that require a unique and individualized plan of rehabilitation. This philosophy would predispose counselors to the belief that spirituality should be an individualized component of service. This is evident

from the responses.

Three groups came to the consensus that the integration of spirituality should be individualized. The majority of the participants felt that such issues should be initiated by the client. However, one focus group came to the consensus that spirituality should at the least, be investigated with every client. It appears that differences in what is perceived as integration of spirituality accounts for the diversity in opinions. The three groups who favored individualization perceived integration of spirituality as *just another service to be offered*, whereas the dissenting group perceived integration as an *area of investigation*. The latter group believes that just as an assessment is made of the client's medical history, employment, and education, the same would be done for spirituality.

It should not be forgotten that the purpose for integrating spirituality into rehabilitation counseling is to treat the *whole* or *complete* person. The mind, body, and spirit are interdependent. Addressing the mental and the physical, but neglecting the spiritual may be a formula for failure. If integration of spirituality is viewed as *just another service* which can only be addressed if initiated by the client, it could be reasonably assumed that many who might benefit from a holistic approach would slip through the cracks. If the spiritual dimension, which includes an individuals belief system, truly affects the mental and the physical,

then it becomes imperative and necessary that spirituality is at least explored with every client. Following exploration or assessment, individualized services could then be provided if warranted. One of the participants suggested it be addressed when discussing the clients' support system. This would be logical for most clients in public sector rehabilitation in that the greatest benefit derived would be found in their adjustment to the disability. Nevertheless, to change the scope of rehabilitation counseling from comprehensive to holistic, the spiritual dimension must be addressed with all clients.

In order for the spiritual dimension to be integrated into rehabilitation counseling the barriers must at least be minimized. The reality of the matter is that regardless of measures taken, there will always be present some barriers or opposing forces the inclusion of spirituality. The counselors' lack of knowledge in the area of spirituality, and strong personal convictions regarding religion may be prohibitive to the inclusion of spiritually.

Another barrier to the inclusion of spirituality in the rehabilitation process is the legal issue, particularly, the separation of church and state. The legal issue as it relates to the separation of church and state will have to be examined closely. It is highly probable that this would have no bearing whatsoever on integrating spirituality into rehabilitation counseling. This is because spirituality and religion

are not synonymous. They are related, but not the same. Religion is the avenue or system through which an individual expresses spirituality. This issue places an even greater emphasis on the need for counselors to understand the distinctions so that religion does not become the focus in counselor-client discussions.

There is another argument that could be presented in relation to legal issues. Section 21 of the Rehabilitation Act Amendments of 1992(P. L. 102-569) indicated that the demographics of the clients served by public sector rehabilitation were rapidly changing. The rate of work related disability for American Indians is about one and one half times that of the general population. Also, African Americans were twice as likely to be severely disabled when compared to White Americans. Section 21 mandates outreach efforts to better serve these populations. Spirituality is highly valued among both groups. A convincing argument can be made that in order to effectively serve these populations, spirituality would have to be an integral part of the rehabilitation process. Surveying the spiritual needs of Native and African Americans addresses another dimension of cultural diversity issues which may prove benefical in providing rehabilitation services.

This study delineated the counselor issues germane to integrating spirituality into rehabilitation counseling. Because of the resurgence of

spirituality in American society, and the prominent place it has assumed in the lives of individuals, it behooves public sector rehabilitation to seriously investigating the possibility of integrating the spiritual dimension into the scope of counseling. The demographics of rehabilitation are rapidly changing. The challenge to public sector rehabilitation is not to remain static, but rather to assume a proactive stance to meet the changing needs of its' consumers. In fostering spiritual growth, potential becomes reality. The agency could then resound its' motto.....*all that you are, and all that you can become.*

Recommendations and Conclusions

In light of this study, the following recommendations are put forth for future research in this area:

1. A state-wide study among rehabilitation counselors to determine the counselor issues pertaining to integrating spirituality into rehabilitation counseling.

2. A study among consumers of rehabilitation services to determine their attitudes and receptivity regarding integration of spirituality.

3. A study among the Rehabilitation Counselor Education Programs to determine feasibility of infusing the spiritual perspective into counseling curricula.

4. A study involving those in the legal realm of rehabilitation law regarding the impact of legislation on integrating spirituality into counseling.

5. A state-wide study among managers regarding their attitudes concerning integration of spirituality.

6. The development of a rehabilitation model of service delivery that integrates spirituality into the rehabilitation process.

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Appendix A

Questions Used to Guide Focus Group Discussion

1. Is there a need for spirituality to be integrated into rehabilitation counseling?
2. Do counselors feel comfortable discussing spiritual issues with clients?
3. Do counselors have an adequate knowledge base to handle such issues?
4. At what juncture in the process should spirituality be considered?
5. Is integration of spirituality into rehabilitation counseling feasible?
6. What might be some barriers to integration?
7. What, if any, training would be needed in order for counselors to feel comfortable discussing spiritual issues with clients?

Appendix B

Consent and Confidentiality

Description of Research Procedures

The purpose of this study is to examine the counselor issues germane to integrating spirituality into rehabilitation counseling. The use of focus groups as a research method will be employed in this study. Four groups will be composed and will meet once to discuss these issues. The discussions will be facilitated by the researcher. The participants will be asked questions and then given an opportunity to interact through group discussion in hopes of gaining a consensus. The focus group sessions will be audio recorded and transcribed. The data will be analyzed by arranging ideas and phrases into categories and themes.

Statement of Consent and Agreement

I, _____ hereby request permission to participate in the research described above and related incidental procedures. The nature and purpose of this research and the possible material or significant benefits and risks have been explained to me so that I understand them.

I am freely requesting participation without duress or coercion in exchange for expected benefits for me or for others. I understand that I may withdraw my consent at any time I wish without penalty or prejudice and may stop participating as soon thereafter as it is safe to do so.

For the purpose of advancing knowledge, I consent to the use of audio recordings for appropriate scientific, rehabilitative, or educational purposes. It is specifically understood that in any publication or use I shall not be identified by name.

I realize that not all benefits or risks of research can be known ahead of time even when research is properly or well conducted. A major purpose of research is to find answers or to develop new knowledge. As a part of my contribution and participation in this research, I freely assume as my own these unknown or unexpected risks as well as the known risks.

If I am not satisfied with my participation, I will immediately inform the research director. I acknowledge that no guarantee or assurance has been made as to the results of my participation. If I want any additional information, have any questions, or have any reservations, I may now mention them to the people present.

All matters and issues mentioned above have been discussed to my satisfaction and agreement. My signature indicates that I have read and understand all of the above.

_____

Research Participant

_____

Research Director

Attestation

I attest that the nature and purpose of this research, its' procedures, and its' benefits and risks were fully explained to the participant in my presence. I am convinced of the applicants complete understanding, competence and willingness to participate in the research. I am confident that no duress or undue influence of any kind was present in these proceedings.

_____

Auditor-Witness

Appendix C

Demographics

- Date of Focus Group Session _____
- Age _____
- Gender _____
- Race or Ethnicity _____
- Length of Counseling Experience _____
- Type of Caseload _____
- Religious Affiliation _____